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CONFIRMATION NO. 1589

<b>SERIAL NUMBER</b> 10/657,930	<b>FILING OR 371(c) DATE</b> 09/09/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 65457	
<b>APPLICANTS</b> James G. J. Shearn, Basingstoke, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/247,756 02/09/1999 PAT 6,645,177 <b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/29/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24201					
<b>TITLE</b> DIRECTLY ENGAGED SYRINGE DRIVER SYSTEM					
<b>FILING FEE RECEIVED</b> 2186	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		